



Professional Licensing and Certification Division
COMPLAINT FORM

NAME OF REGULATORY BOARD/PROGRAM

1-800-942-5540 (Complaint Hotline)

Please call if you are unsure to which Board/Program you should direct your complaint.

COMPLAINANT INFORMATION (PERSON REPORTING)

Name:

Address:
Street Address City State Zip

Home Phone: Work Phone:

LICENSEE INFORMATION (ALLEGED VIOLATOR)

Name:

Address:
Street Address City State Zip

Home Phone: Work Phone:

CLIENT-PATIENT INFORMATION (IF APPLICABLE)

Name:

Address:
Street Address City State Zip

Home Phone: Work Phone:

Complainant's Relationship to Client:

Is the client a minor? ☐ Yes ☐ No If yes, give age:

SUPPORTING DOCUMENTATION

Attach documentation such as canceled checks or receipts, charts, notes, records; also, names, addresses, and phone numbers of others who may have information about the alleged violations, etc.

DETAILS OF COMPLAINT

Dates of Client-Patient/Licensee Relationship: From: _____ To: _____

Dates of Violations: _____

Details of Complaint: _____

State of Texas County of _____

Signature of Complainant

Mail your completed packet to:

Investigations
PO Box 141369
Austin, Texas 78714-1369